

Summary of H.R. 382

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PURPOSE

To amend title 5, U.S. Code, to provide authority for the direct payment or reimbursement of certain health care professionals, and to clarify existing law with respect to coordination with state and local laws.

SOURCE

Introduced by Representative Mary Rose Oakar on January 6, 1987.

BACKGROUND

On December 19, 1985, Congress passed H.R. 3384, legislation mandating direct reimbursement of nurses and nurse-midwives under the Federal Employees Health Benefits Plan (FEHBP). The President vetoed H.R. 3384, however, and called for further study of the issue with special attention to the relationship of a direct access policy with state licensing laws.

Accordingly, Congress passed H.R. 4061 (Public Law 99-251), requiring the Office of Personnel Management to study the feasibility of direct access under FEHBP. OPM released the results of its study on April 1, 1986. The OPM study concluded that many FEHBP carriers already offered direct access to non-physician providers. Furthermore, OPM found no evidence that a program-wide policy of direct access would reduce the quality of care or increase the costs under FEHBP.

On May 14, 1986, Representative Oakar introduced H.R. 4825. On June 11, 1986, the Committee on Post Office and Civil Service, by a record vote of 17 to 0, ordered H.R. 4825 favorably reported and on August 4, 1986, the House passed H.R. 4825 under suspension of the rules. H.R. 4825 was not considered by the Senate.

On January 6, 1987, Representative Oakar introduced H.R. 382, a bill identical to H.R. 4825. On May 19, 1987, the Subcommittee on Compensation and Employee Benefits approved H.R. 382, without amendment, for full committee consideration.

EXPLANATION

Section 1: Title -- "The Federal Employees Health Care Freedom-of-Choice Act of 1987."

Section 2: Authority to Pay or Reimburse Certain Additional Health Care Professionals.

The bill requires FEHBP insurance plans to provide for direct access to qualified nurse practitioners, nurse-midwives, nurses, clinical social workers, marriage and family therapists, and chiropractors for covered services rendered to enrollees.

The bill clarifies that the direct access requirement shall not supersede state or local laws or regulations which relate to licensing or certification to practice medicine, nursing, or other health professions.

In the case of nurse anesthetists, H.R. 382 further specifies that direct access to self-employed nurse anesthetists shall not affect the operation of the established anesthesia care teams in hospitals or other surgical facilities.

H.R. 382 provides that the reimbursement of these practitioners shall be administered according to the same terms and conditions as have been applied to optometrists and clinical psychologists. The bill also specifies that the direct access provisions in the bill shall not apply to prepayment plans such as Health Maintenance Organizations (HMOs).

Section 3: Coordination With State and Local Law.

This section states that nothing in Chapter 89 of title 5, USC, or in FEHBP contracts shall supersede state or local law or regulations which relate to licensing or certification to practice medicine, nursing, or other health care professions.

Section 4: Effective Date.

The bill shall be effective with respect to contracts entered into or renewed for calendar years beginning after the date of enactment.

COST

The Congressional Budget Office cost estimate of H.R. 382 is pending. However, in the last Congress, CBO estimated that enactment of H.R. 4825 would have no significant impact on the federal budget.